

ONLINE APPLICATION-Dumpster Permit for the City of Fairmont

DUMPSTER PERMIT ORDINANCE #1053

Exact Location (placement of dumpster):

Owner: _____

Address: _____

City/State/Zip Code: _____

Phone # (home): _____ Phone # (work): _____

Size of Dumpster: _____

Exact Duration: _____

*THIS PERMIT IS NOT TO EXCEED 15 WORKING DAYS.

Signature of Applicant

Approval of Public Works Director

DO NOT WRITE BELOW THIS LINE

Permit #: _____

Date: _____

Fee/Amt. \$ _____

Paid: _____

Taken By: _____